

Guest Biographical Questionnaire

*Name: [Mr] [Mrs] [Ms] _____
*Telephone ñ Home: _____ Work: _____ *Fax: _____
Social Security No: _____
*Mailing Address: _____

*Organization/High School (include job title): _____

Have you attended a previous workshop? YES NO

Who initially contacted you about the program? _____

*Military background or experience: _____

*Please have the recruiter pick me up at home/office (circle one).
The address is: _____

*Special Rooming Instructions: _____

*I would like to share a room with (all rooms will be double occupancy): _____

*I prefer to have a room that is: (Circle One) NON-SMOKING / SMOKING

*Special Requests (Someone or something to see) _____

Person to be notified in case of an emergency:
Name/Relationship: _____
Address: _____

Telephone: Home - _____ Work - _____

*PRIVACY ACT STATEMENT (By authority of MCO P5720.60) : PRINCIPAL PURPOSE ñ To obtain information required to adequately manage the Marine Corps Educator Workshop Program. ROUTINE USE ñ To maintain a record of individuals participating in the Educator Workshop Program, to include emergency data on next of kin. DISCLOSURE IS VOLUNTARY ñ If information is not furnished, the individual will not be eligible to participate in the program.